

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000021589

1. Entity Name
TROON PUERTO RICO, INC.



Principal Place of Business
**15044 N. SCOTTSDALE RD., STE. 300
SCOTTSDALE, AZ 85254**

Mailing Address
**15044 N. SCOTTSDALE RD., STE. 300
SCOTTSDALE, AZ 85254**



03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0994996	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	SCHANTZ, TIMOTHY S
STREET ADDRESS	15044 N. SCOTTSDALE RD., STE. 300
CITY-ST-ZIP	SCOTTSDALE, AZ 85254
TITLE	CEO
NAME	GARMANY, DANA R
STREET ADDRESS	15044 N. SCOTTSDALE RD., STE. 300
CITY-ST-ZIP	SCOTTSDALE, AZ 85254
TITLE	P
NAME	HINTON, HUD
STREET ADDRESS	15044 N. SCOTTSDALE RD., STE. 300
CITY-ST-ZIP	SCOTTSDALE, AZ 85254
TITLE	CFO
NAME	TRUEBLOOD, RICHARD L
STREET ADDRESS	15044 N. SCOTTSDALE RD., STE. 300
CITY-ST-ZIP	SCOTTSDALE, AZ 85254
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000702927
04/20/07-80120-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY S. SCHANTZ 4-2-07 480-606-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #